



MISSOURI DEPARTMENT OF REVENUE  
**CHILDREN IN CRISIS TAX CREDIT**

FORM  
**MO-CIC**  
(REV. 09-2010)

**CHILDREN IN CRISIS TAX CREDIT, SECTION 135.327, RSMo**

|  |   |   |          |
|--|---|---|----------|
| NAME OF TAXPAYER   | SPOUSE (IF APPLICABLE)  |   |          |
| SOCIAL SECURITY NUMBER, FEDERAL I.D. NUMBER<br>AND/OR MO TAX I.D. NUMBER | SPOUSE ID NUMBER  |   |          |
| ADDRESS OF TAXPAYER  | CITY  | STATE   | ZIP CODE |
| QUALIFIED AGENCY NAME AND ADDRESS  | AGENCY TYPE<br><input type="checkbox"/> CASA<br><input type="checkbox"/> CHILD ADVOCACY CENTERS<br><input type="checkbox"/> CRISIS CARE CENTERS | TAX TYPE<br><input type="checkbox"/> INDIVIDUAL<br><input type="checkbox"/> CORPORATION<br><input type="checkbox"/> OTHER _____ |          |

THE ABOVE TAXPAYER HAS MADE THE FOLLOWING CONTRIBUTION(S):

| DATE OF CONTRIBUTION | CONTRIBUTION AMOUNT<br>(minimum amount \$100) | TAX CREDIT (50%) |
|----------------------|---|------------------|
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The current tax period begins \_\_\_\_\_ and ends \_\_\_\_\_. We are submitting this claim for the purpose of establishing the taxpayer's eligibility for the tax credit pursuant to Section 135.327, RSMo, and said taxpayer is entitled to a tax credit of **50%** of the contribution. CIC credits are subject to available funding. If claims exceed the funding, the redemption of the credit will be prorated to the extent funds are available.

I CERTIFY THIS CLAIM TO BE TRUE AND ACCURATE.

SIGNATURE OF QUALIFIED AGENCY DIRECTOR

Under penalties of perjury, I declare that I have examined the above information, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. I also declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens. I also declare that if I am a business entity, I participate in a federal work authorization program with respect to the employees working in connection with any contracted services and I do not knowingly employ any person who is an unauthorized alien in connection with any contracted services.

SIGNATURE OF TAXPAYER

SIGNATURE OF SPOUSE (IF APPLICABLE)